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In the interests of the child: psychiatry, adoption, and the emancipation of the single mother and her child – the case of the Netherlands (1945–1970)

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ABSTRACT

This paper discusses illegitimacy and single motherhood in the postwar period in the Netherlands from the perspective of what was considered to be in the interests of the child: being adopted by a married couple or being raised by the birthmother. It focuses particularly on the impact of psychiatry and the legalization of adoption in 1956 on the emancipation of the single mother and her child. The paper argues that the release of single motherhood and illegitimacy from the moral-religious stigmata of a “sinful fallen woman” and a “damned” or “degenerated” child has, in the Dutch case, not proceeded as a linear process. The process of emancipation toward proud and independent lone motherhood stagnated in the 1950s and 1960s because, when adoption was legalized, illegitimacy became an issue over which scientists, especially psychiatrists, gained the power of expert control. Guided by dynamic psychology and what they conceived of as the best interests of the child they declared single mothers to be victims of “sociopathology” and, consequently, unfit for motherhood. Adoption became the preferred option. This medicalised approach continued to dominate until the reawakening of feminism in the late 1960s made self-sufficient lone motherhood once more a respectable choice.

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Introduction

In the post-Second World War period, several developments in the history of childhood in the developed world come together. In many countries the stay-at-home mother and her supposedly happy family became, more than before, the norm. This new standard is related to both the rapidly growing prosperity and the strong influence of Bowlbyism at the time. By underlining the importance of the infant’s feelings of attachment and safety, motherhood and domesticity were both put on a pedestal and scientifically researched more intensively than ever before. The quality of the emotional mother-child relationship in early childhood became the determinant of an increasingly important criterion for social acceptance: a lifetime of good mental health. In these years, more particularly than in the interwar period, dynamic psychiatry and developmental psychology dominated the world of childrearing. Moreover, Doctor Benjamin Spock’s

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landmark *Baby and Child Care* (1946) popularised both psychoanalysis, including the basic concepts of John Bowlby's reading of Freud, and developmental science, particularly Arnold Gesell's construction of the normal development. This dual theoretical framework made attention shift towards the infant and the need to fulfil her/his emotional needs and away from behaviourism and regimentation in childcare.¹

The high expectations of mothering and the happy family, as well as the strong influence of mental health professionals, impacted likewise heavily on the way single mothers were approached. Their number increased rapidly in the immediate postwar years, whereas the acceptance of their condition decreased to a minimum. The double moral standard and the Christian rejection of out-of-wedlock sex had yet to be challenged by the feminist movement of the late 1960s and 1970s. In this climate, across the West, adoption practices transformed. On the one hand the larger number of lone mothers were, more particularly than before the war, stimulated to seriously consider the relinquishment of their illegitimate child for adoption. This was done by a growing army of professional social workers and psychiatrists, who were inspired by theories that elaborated on these women's incapacity to provide for what a child needed most, a happy and healthy family life. On the other hand, during the pronatal mood of the 1950s and 1960s, the demand for babies to adopt rose as a consequence of the increasing marginalisation of childless married couples to the extent that infertility was considered a condition to be ashamed of.² Soon, the demand exceeded the supply of white babies, which in turn stimulated the development of intercountry, transracial, and special-needs adoptions. By 1970, the number of available white babies further declined as consequence of birth control, the legalisation of abortion (in 1967 in the United Kingdom and in 1973 in the United States), and – thanks to the new feminism – the beginning of the end of the stigmata of single motherhood and illegitimate childhood.³ In its slipstream, in some countries, welfare benefits or free childcare allowed for “proud” and independent lone motherhood.⁴

This paper discusses the discourse on illegitimacy and single motherhood in the postwar period in one Western country, the Netherlands, from the perspective of what was considered to be in the interests of the child: being adopted by a married couple and growing up in a “normal” family or being raised by the birthmother. It focuses particularly on the impact of psychiatry and the legalisation of adoption in 1956 on the emancipation of the single mother and her illegitimate child. The liberation from their

¹ Julia Grant, *Raising Baby by the Book: The Education of American Mothers* (New Haven: Yale University Press, 1998), 201–44; Barbara Ehrenreich and Deirdre English, *For Her Own Good: Two Centuries of the Experts' Advice to Women* (New York: Anchor Books, 2005 revised edition); Ann Hulbert, *Raising America: Experts, Parents, and a Century of Advice About Children* (New York: Vintage Books, 2004).

² E. Wayne Carp and Anna Leon-Guerrero, “When in Doubt, Count: World War II as a Watershed in the History of Adoption,” in *Adoption in America: Historical Perspectives*, ed. E. Wayne Carp (Ann Arbor: University of Michigan Press, 2009), 181–217.

³ E. Wayne Carp, *Family Matters: Secrecy and Disclosure in the History of Adoption* (Cambridge MA: Harvard University Press, 1998); E. Wayne Carp, “Introduction,” in *Adoption in America: Historical Perspectives*, ed. E. Wayne Carp (Ann Arbor: University of Michigan Press, 2009), 1–26; Ellen Herman, *Kinship by Design: A History of Adoption in the Modern United States* (London: University of Chicago Press, 2008); Jenny Keating, *A Child for Keeps: The History of Adoption in England, 1918–45* (New York: Palgrave Macmillan, 2009); Peter Conn, *Adoption: A Brief Social and Cultural History* (New York: Palgrave Macmillan, 2013).

⁴ Herman, *Kinship by Design*; Linda Gordon, *Women, the State, and Welfare* (Madison: University of Wisconsin Press, 2012); Hannes Grandits, ed., *Family, Kinship, and State*. Vol. 1: *The Century of Welfare: Eight Countries* (Frankfurt: Campus Verlag, 2008).

stigmata is usually presented as a linear process, driven forward by progressive secularisation, feminism, and an increasing acceptance of alternative forms of family life.⁵

Historical studies in illegitimacy have focused on the early decades of the twentieth century, when philanthropic societies and maternalist feminist reformers, mostly protestants, formed a broad coalition of support for the “pitied” single mothers and their illegitimate children. They created welfare provisions based on what was conceived as the needs of the child, like enabling full-time motherhood for women who chose to take care of their child themselves.⁶ At the same time, first of all in Roman Catholic countries, pregnant single women continued to be admitted to mother and baby homes, most of which were run by religious sisters. As a rule, these “sinful” women were forced to give up their child for, legal or illegal, adoption. These practices have disappeared only gradually, especially from the 1970s, when the emancipation process was reinforced by secularising and individualising tendencies in Western societies. Today, in retrospect, the mother and baby homes attract attention because of accusations of abusive child-raising practices and their unwillingness to open up sealed records that could reveal the identities of lone mothers, while preventing grown-up adoptees from getting to know their birthmothers. These closed files interfere with what is currently accepted as a fundamental right of an adoptee, to know her/his birthmother and to be in contact with her, a central feature of the modern concept of an “open adoption”.⁷ From a historical point of view the open adoption reminds us of past informal adoption practices, that favoured placement of a child with a relative of the birthmother, from which the postwar professional adoption workers took pains to distance themselves by preferring adoptive parents’ psychological suitability to blood ties.

The paper argues that the release of single motherhood and illegitimacy from the moral-religious stigmata of a “sinful fallen woman” and a “damned” or “degenerated” child and from the “pitied” condition of poverty and having to live on charity has, in the Dutch case, not proceeded as a linear process. It discusses the way the emancipation process towards proud and independent lone motherhood stagnated in the 1950s and 1960s because, precisely at the time when adoption became governable by legalisation in the Netherlands, illegitimacy became an issue over which psychiatrists gained the power of expert control. Guided by dynamic psychology and what they conceived of as the best interests of the child, psychiatrists declared single mothers to be victims of “sociopathology” and, consequently, unfit for motherhood. Not only illegal practices of selling babies at the backdoors of mother and baby homes, but also established practices of philanthropic and feminist societies, supporting single mothers who took care of their babies themselves, came under attack. Adoption of an illegitimate child by a “decent” but childless married couple became the preferred option. This medicalised approach to lone motherhood continued to dominate until the reawakening of feminism in the late 1960s made self-sufficient lone motherhood once more a respectable choice. The argument of the paper is based on primary sources, like expert and

⁵Carp, *Family Matters*; Herman, *Kinship by Design*.

⁶Linda Gordon, *Pitied but not Entitled: Single Mothers and the History of Welfare, 1890–1935* (New York: The Free Press, 1994); Keating, *A Child for Keeps*.

⁷*Interim Report to the Minister for Children and Youth Affairs of the Commission of Investigation: Mother and Baby Homes* (Dublin: Commission of Investigation, 2016); Conn, *Adoption*; Herman, *Kinship by Design*; Carp, *Adoption in America*.

conference reports, surveys, and debates in professional journals on social work, child-care, and mental health. Before we turn to the debate on single motherhood and adoption, and the role that was played by psychiatry, we have to discuss Dutch welfare, illegitimacy, and the kinds of arrangements that were made for single mothers and their babies.

Care for illegitimate children

In the Netherlands, ever since it came into existence in the mid-nineteenth century, care for single mothers and their babies was in the hands of philanthropic, mostly religious societies. In 1847 the reverent Ottho Gerhard Heldring, a representative of the Dutch branch of the international protestant revival movement the *Réveil*, established the first home for “penitent fallen” women, Asyl Steenbeek. In the asylum women and their children were taken care of and subjected to a moral-religious re-education aiming at prevention of (falling back into) prostitution.⁸

This association between a single mother and a sinful life, or even prostitution, continued to be the basis of all care arrangements provided to single mothers and their children up to the 1960s. This care was provided in specialised homes where a woman could give birth and was taken care of together with her baby during the first few months after delivery. Because of the short stay of the mothers – the babies could stay much longer – these homes were called “transit homes” (*doorgangshuizen*). Up to 1947, parental rights and guardianship were not given automatically to a single mother of age; she had to apply for it. Instead, all illegitimate children were put under long-term legal custody of a guardianship society (*voogdijvereniging*) of the mother’s denomination (protestant or Roman Catholic) and, if necessary, after a few months, placed in a children’s home of this society. If the single mother was a minor who did not live with her parents any more, she herself was also put under custody. These guardianship societies did not stimulate contact between the “sinful” mother and the fruit of her sin. The idea was that caregivers had to protect the child against her/his “sinful” mother.⁹

In children’s homes illegitimate children lived together with criminal and neglected children under legal custody and they were taken care of and treated in the same way. Placement in a foster family instead of a home by one of the guardianship societies was possible, especially from 1953, when fostering was finally put under the kind of state control that already applied to children’s homes.¹⁰ Children living in a foster family were likely to be better off than those accommodated in a crowded children’s home under an authoritarian and often harsh regime, led by badly educated, and sometimes violent or abusive childcare workers.¹¹ The single mother was supposed to make a fresh start in society, find a job and a place to live, and hopefully marry and either retrieve her child when conditions had improved or forget about it. Sometimes, mostly in cases of teenage motherhood, both mother and baby returned to the girl’s home to live there

⁸O.W. Dubois, *Reddende liefde: het werk van de Heldringgestichten in Zetten 1847–2010* (Hilversum: Verloren, 2010).

⁹Ernest Huetting and Rob Neij, *Ongehuwde moederzorg in Nederland* (Zutphen: Walburg Pers, 1990).

¹⁰Marjoke Rietveld-van Wingerden, *Kind in gevaar: reden tot uithuisplaatsing? De Vereniging Tot Steun als zorgverlener in een veranderende wereld van de kindbescherming en jeugdzorg 1886–1998* (Antwerpen, Garant, 2017), 307.

¹¹Jeroen J.H. Dekker et al., *Jeugdzorg in Nederland, 1945–2010: Resultaten van Deelonderzoek I van de Commissie Samson* (Groningen: Rijksuniversiteit Groningen, 2012) 2 vols.

as part of the family. In those cases the child was raised as a late arrival of the ageing mother of the family. In other cases, if the teenage mother had more or less voluntarily relinquished her baby, the management of a home could sell a baby at the backdoor to a childless married couple to become either their legal, long-term foster child or their illegal would-be child. We may assume that in many cases vulnerable and desperate young women, overwhelmed by feelings of guilt, have been “talked into” relinquishment of their baby.¹²

From the 1930s, the philanthropic societies that ran the mother and baby homes started to stimulate pregnant single women to not relinquish their babies and take care themselves. Partly, the new orientation was inspired by a more explicit fear of illegal abortion as an even more serious sin than out-of-wedlock birth. As a consequence of the new policy, the societies started to provide single mothers with whatever help was needed to be able to work and live as a single mother in a society in which an “incomplete” family was not facilitated with childcare and was generally looked down upon. Next to the homes, advice bureaus were created to support women who had the courage to raise their illegitimate child alone in practical matters. These were staffed with professional social workers, who acted as spokeswomen of their clients. At the same time, in the professional discourse the emphasis shifted from the women’s “sinful” nature to their motherhood and the idea that a “natural” bond existed between a mother and her child. Breastfeeding was strongly recommended. Therefore, care arrangements had to cover at least three months after birth. Provisions continued to be poor, but some steps were taken. The Sickness Act of 1940 undid the discriminatory clause that had excluded unwed mothers from paid pregnancy and delivery leave. From 1951, single mothers were included among those entitled to receive child benefit and in 1965 a General Social Security Act guaranteed a basic income for all adults, with the consequence that single mothers were freed from the obligation to work for a living and could become stay-at-home mothers.¹³

Illegitimacy and the accommodation in FIOM homes

During the first half of the twentieth century the Netherlands had a relatively low level of illegitimacy, which is generally ascribed to the strong influence of the churches on family life.¹⁴ In 1925 only 1.8% of the living new-born babies were illegitimate, as against 10.6% in Germany.¹⁵ In 1939 no more than 2,365 new-born babies or 1.3% were illegitimate.¹⁶ In the same year 782 single mothers were accommodated for a few months in a mother and baby home of one of the societies that had joined the national Federation of Institutions for the Single Mother and her Child (*Nationale Federatie van Instellingen voor de Ongehuwde Moeder en haar Kind*: FIOM), established in 1930.¹⁷ It

¹²N. van den Boomen, J. Dane, Y. Hilevych, J. Hoedemaeckers, E. Walhout, and J. Kok, *Beklemd in de scharnieren van de tijd. Beleid, praktijk en ervaringen van afstand ter adoptie door niet-gehuwde moeders in Nederland tussen 1956 en 1984* (Nijmegen: WODC/Radboud University, 2017).

¹³Huetting and Neij, *Ongehuwde moederzorg*; Astrid Werdmuller, “De geschiedenis van afstand ter adoptie in Nederland,” *Jeugdbeleid* 11 (2017): 65–70.

¹⁴Nelleke Bakker, Jan Noordman, and Marjoke Rietveld-van Wingerden, *Vijf eeuwen opvoeden in Nederland. Idee en praktijk 1500–2000* (Assen: Van Gorcum, 2010), 275–89.

¹⁵Huetting and Neij, *Ongehuwde moederzorg*, 39.

¹⁶*Ibid.*, 55.

¹⁷*Ibid.*, 34–6.

was estimated that about the same number of single mothers were receiving another kind of support from one of these societies and that the rest of the single mothers did not need help.¹⁸ FIOM strongly supported women to take care of their babies themselves and supported them in doing so.

In 1939 the societies that had joined FIOM ran 17 mother and baby homes. Eight were Roman Catholic, seven protestant, and only two were non-religious. The women accommodated in these homes gave birth to 1,196 babies, half of all newborn illegitimate children.¹⁹ This means that, apart from twins being born, one third of the women chose not to be hospitalised themselves, but entrusted their child to a home nonetheless. The majority of these babies were more or less voluntarily relinquished for long-term foster care, illegal adoption, or institutionalisation. Some of the mothers were teenage girls who continued to live with their parents and could not or were not allowed to take care of their babies. Others were mentally retarded mothers, who were either institutionalised or lived with their parents.

A height in the number of illegitimate children was reached in 1945, when the Allied Forces freed the Dutch from the German occupation and celebrated freedom with Dutch women. The result was that 7,322 or 3.5% of the living newborn babies were illegitimate.²⁰ This, and the postwar increase in divorces, made contemporaries concerned about a general “moral decay”, especially among youths. As a reaction the churches initiated programmes to re-establish moral decency and family values.²¹ However, even before any effect could become manifest the illegitimacy rate started to fall sharply. In 1950 it had fallen to less than half of the level of 1945: 3,429 babies or 1.5%. In terms of absolute numbers the postwar low was reached in 1955, when only 2,771 of the living new-born babies or 1.2% were illegitimate. Fifty-seven per cent of their mothers were younger than 25, a percentage that increased during the 1960s to almost 70%, half of them teenagers.²²

As elsewhere, the problem of illegitimacy was concentrated in the larger cities. Roman Catholic and moderate Calvinist mothers were represented proportionally among the women who gave birth to an illegitimate child, whereas orthodox Calvinists were underrepresented and non-denominationals overrepresented.²³ Compared to other European countries, illegitimacy rates continued to be low in the Netherlands throughout the 1950s. At the time, a Dutch sociologist estimated that they were 3 times as high in Norway, 7 times as high in Sweden, and 10 times as high in Austria.²⁴

In 1969, 22 FIOM homes were accommodating single mothers and their newborn babies, of which 10 were Roman Catholic, 6 protestant and 6 non-religious. Another five FIOM homes were taking care of illegitimate babies who had been relinquished for adoption before birth, two of which were Roman Catholic and three protestant.²⁵ These

¹⁸Ibid., 58.

¹⁹Ibid., 67.

²⁰FIOM-jaarverslagen 1966–1967–1968 ('s-Gravenhage: FIOM, 1969), 58.

²¹Bakker et al., *Vijf eeuwen*, 282–5; Paul Luykx and Pim Slot, *Een stille revolutie? Cultuur en mentaliteit in de lange jaren vijftig* (Hilversum: Verloren, 1997).

²²FIOM-jaarverslagen 1966–1967–1968, 58; <http://statline.cbs.nl>: Bevolking, Huishoudens en Bevolkingsontwikkeling vanaf 1899 (accessed August 17, 2015).

²³FIOM-jaarverslagen 1966–1967–1968, 57–72; H.F. Heijmans and C.J.B.J. Trimbos, *De niet-gehuwde moeder en haar kind* (Hilversum: Paul Brand, 1964), 26.

²⁴J. Godefroy, *Buitenechtelijke geboorten in Nederland. Een sociaal-statistische beschrijving* (Tilburg: IVA, 1960), 8.

latter homes had opened up after adoption had become legal in 1956. Among the women seeking help from one of the organisations that worked together under FIOM's wings during the 1960s, religious groups were represented proportionally, but teenagers were clearly overrepresented, half of the women being minors (under 21). In 1968 the capacity of the 22 mother and baby homes included 390 places for women and 952 places for babies, next to 310 places in the five homes for babies relinquished for adoption. Especially the need for the latter grew rapidly.

Of the total number of 4,953 illegitimate babies born alive in 1967, only one quarter (1,212) were accommodated in one of the FIOM homes.²⁶ This implies that the majority of single women giving birth chose otherwise in the late 1960s. It is tempting to interpret this as a sign of a weakening stigma or of improved conditions for single mothers to raise their child themselves. However, there are strong indications that at the same time the pressure on women to relinquish their babies for adoption increased,²⁷ as the demand for babies to adopt soon exceeded the supply.²⁸ Apart from a single study into the life histories of 598 unmarried women who delivered in 1963 and 1964 in the Amsterdam University Obstetrical Clinic – 23% of them relinquished their babies²⁹ – we cannot establish the rate of relinquishments. However, it is safe to assume that this rate was rising throughout the 1960s. Compared to 1955, in 1967 the level of illegitimacy had risen by 70%, from 2.8 to 4.8 in every 1,000 unmarried women between 15 and 49 years of age.³⁰ The chances for their babies to be adopted were higher than ever before and after: about one in every five illegitimate children.³¹ Despite its origin, FIOM facilitated these adoptions, the number of which doubled between 1959 and 1969 – from 422 to 855 – almost all of them originating in illegitimate births.³²

By 1970, the association between single motherhood and sin was finally disappearing as a consequence of a rapid secularisation and the Sexual Revolution. Unmarried and lone parenthood became fully accepted in a rapidly growing part of society, especially in the cities. This development not only made the illegitimacy rate rise, but made the counting of numbers of out-of-wedlock births useless.³³ Single motherhood was, moreover not only facilitated with social security, but increasingly also with childcare arrangements.

FIOM as agent for single mothers

FIOM, the coordinating organisation for support of single mothers and their babies, saw it as its task to guarantee a good quality of care in their homes. Inspection on the

²⁵ *FIOM-jaarverslagen 1966–1967–1968*, 9–11.

²⁶ *Ibid.*, 73–86.

²⁷ Van den Boomen et al., *Beklemd*.

²⁸ René Hoksbergen, *Kinderen die niet konden blijven. Zestig jaar adoptie in beeld* (Steenwijk: Aspekt, 2012), 51–66.

²⁹ J.J. van Oenen, *Ongehuwde ouders. Een empirisch-exploratieve studie* (Leiden: Stenfert Kroese, 1970).

³⁰ Theo Engelen, "Stiekem en met mate? Huwelijk en voortplanting in Nederland tijdens de jaren vijftig," in *Een stille revolutie? Cultuur en mentaliteit in de lange jaren vijftig*, ed. Paul Luijkx and Pim Slot (Hilversum: Verloren, 1997), 131–43.

³¹ *FIOM-jaarverslagen 1966–1967–1968*, 73–86; CBS, "Adopties van 1957–2012; in Nederland en in het buitenland geboren kinderen," <http://statline.cbs.nl> (accessed June 12, 2016).

³² Hoksbergen, *Kinderen*, 65; CBS, "Adopties van 1957–2012."

³³ Hueting and Neij, *Ongehuwde moederzorg*; Van den Boomen et al., *Beklemd*.

spot was one of its instruments. In 1937 a medical doctor, N. Knapper, who was well acquainted with the quality of infant care in general, reported critically about the quality of hygienic care in mother and baby homes. He had visited 47 homes, including FIOM homes, that took care of single mothers and their babies. Only 14 homes could avail of relatively new buildings, large playing fields, spacious sleeping and washing rooms, as well as rooms for play and gymnastics. The majority, however, were housed in old buildings in crowded inner city districts and had to do without these provisions. He observed an enormous lack of professional competence among those who took care of the infants and strongly advised a better education of the nurses and their assistants. He himself had taught courses in infant care to nursing assistants and single mothers in Amsterdam. Knapper full-heartedly supported FIOM's position that single mothers should not relinquish their babies but take care of them themselves. This, however, required adequate training, he insisted. As other protagonists of infant care, he was of the opinion that there was a "natural bond" between mother and baby and that taking care would provide a woman with a "goal for the rest of her life". Breastfeeding was indicated. It required a period of at least three months of freedom from labour, which was often impossible because of financial obligations. That is why he advised the homes to organise jobs inside or next to the institution, such as the laundry he had spotted at one of his visits. In all other cases women would not be able to earn money and take care of their baby at the same time.³⁴ Research like this, inspired by concern about hygienic conditions in the homes, was not repeated afterwards. Like child hygiene in general, hygienic conditions in infant care seem to have improved greatly as local authorities extended their hygienic inspections in the 1950s to include homes of all kinds.

After the war FIOM shifted attention from the quality of care in mother and baby homes to more specific themes like mentally retarded single mothers, foster parenting, adoption, and the development of social work methods such as casework to support women in need of help. More than before, FIOM tried to reach as many single pregnant women as possible. Around 1960, estimations of success varied between 50 and 70 to 80% of these women seeking help through one of their societies.³⁵ FIOM consistently emphasised the importance of professional help for both mothers and babies. Though FIOM was an outspoken champion of single mothers taking care of their children themselves, after a period of support from one of their societies, their leaders were aware that social reality was different. A large number of single pregnant women, particularly those over 25, did not seek professional help and others made a more or less deliberate choice for relinquishment and placement of their babies in a children's home or with foster parents.

With the introduction of a revised Children's Act in 1947 the rights of both the single mother and foster parents were reinforced. A family relationship in the legal sense between a single mother of age and her child, as well as legal guardianship, were

³⁴N. Knapper Czn., "De lichamelijke verzorging van het jonge kind der ongehuwde moeder in inrichtingen, toevluchten, tehuizen in Nederland," *Tijdschrift voor Armenzorg, Maatschappelijke Hulp en Kinderbescherming* 16 (1937): 132–43.

³⁵J.A.M. Mullink, "Ongehuwde moeders en de vaders van hun kind," in *In kort bestek* (1969). *Referaten en artikelen over de ongehuwde moeder en de hulpverlening* (Den Haag: FIOM, 1969), 13–29 (originally published in 1965); P.R. Peters, "Waar staan wij? Functioneert de hulpverlening voldoende?" in *In kort bestek. Referaten en artikelen over de ongehuwde moeder en de hulpverlening* (Den Haag: FIOM, 1969), 88–93 (originally published in 1966).

now created automatically; an application was no longer needed. At the same time the rights of foster parents were reinforced in that the court was given more freedom to judge the birthmother's child-rearing capacities in case she went to court to reclaim her rights after initial relinquishment. Henceforth, a family judge had to consider her mental state from the perspective of the "interests of the child".³⁶ A further step towards recognition of foster parents' rights, legal adoption as possibility, was not yet taken but it was put on the agenda and remained there until matters were settled in 1956 with the introduction of the Adoption Act. It created legal, irreversible adoption and it was largely modelled after a report written by FIOM experts. They had successfully pressed for a probation period of fostering of three years, during which the birthmother could still reclaim her child, as against foster parents' pressure groups' insistence that one year was long enough.³⁷

In 1940 FIOM itself had set up a Central Committee for Relinquishment to mediate between a mother who was incapable or unwilling to take care of her child and the many childless married couples who volunteered as long-term foster parents. In doing so FIOM aimed to suppress illegal adoptions. At first, however, the Committee could not compete with uncontrolled adoption channels in terms of speed and chances that a child could stay with her/his foster parents. In cases of FIOM mediation a child could be kept in a home for over three years, before (s)he was finally placed in a foster family.³⁸ Their officials proceeded along bureaucratic lines, made high demands of foster parents, and went to the edge to be sure that the birthmother was unwilling or incompetent to raise the child herself. At the same time, from 1951, foster parents organised themselves in a society and started to lobby for their own interests, that is legalising adoption and creating a network of professional organisations guaranteeing a "safe" selection of healthy and "normal" children. This is why, in the early 1950s, experts involved in care for illegitimate children increasingly came to the conclusion that the remains of the old-style, illegal, and unprofessional adoption practices – enabled by doctors, nurses, and priests – would not disappear unless it was legalised, a suggestion that was first made in 1946.³⁹

Protagonists of legal adoption and defenders of the status quo alike produced reports that supported their positions. In each case the quality of maternal care was a key argument. In 1954 FIOM issued a report based on a survey of 136 placements by its Central Committee for Relinquishment covering the years 1930 to 1951, 127 of which had followed the official procedures. It was emphasised, however, that at the same time another 400 mothers had revoked their original decision to relinquish their child. Nonetheless, 101 out of 127 placements were considered successful.⁴⁰ During the next years another, more limited survey was carried out covering the cases of 50 single mothers, who had given birth between 1935 and 1938 and had raised their child on their own. This arrangement turned out to be equally successful according to the researchers, in that 45 out of the 50 children were successful as adults in society.

³⁶Hueting and Neij, *Ongehuwde moederzorg*, 83.

³⁷Ibid., 109–15. This period was later reduced to one year, before the probation period was cancelled.

³⁸Hueting and Neij, *Ongehuwde moederzorg*, 104.

³⁹H.P. Cloeck, *Adoptie als vraagstuk van kindbescherming* (Amsterdam: De Bussy, 1946).

⁴⁰*Bespreking van de enquête ingesteld door de F.I.O.M. naar de pleegkinderen geplaatst door de Commissie tot Centralisatie inzake Afstand van kinderen sedert 1940, gehouden in de Algemene Vergadering van instellingen voor de ongehuwde moeder en haar kind* ('s-Gravenhage: FIOM, 1954).

Responding women demonstrated both anxieties and feelings of guilt: “I will always work hard for my family to make up for what I did.”⁴¹ Remarkably, in this research only 10 women never married. Of the 40 who did, nine married the father of their illegitimate child. In other words, with time a large majority of single mothers became “normal” mothers.

Apart from positive reports about foster parenting, the concept of a “natural unity” of mother and baby, as promoted by FIOM, was further undermined by the growing influence of psychiatry and psychology in the domain of social work. During the 1950s and 1960s, psychiatrists and psychologists gained influence as professionals, first in legal child protection and guardianship societies, and gradually also in homes and care arrangements for single mothers and their babies. These experts shifted the focus of attention from the “sinful” mother of an illegitimate child to the affective and developmental needs of an infant and the observed incapacity of a large part of the single mothers to meet these requirements. In 1955 a plenary meeting of FIOM was devoted to the theme of the “seriously mentally disturbed” mother. Lecturers agreed that mentally deficient or emotionally disturbed women could not become good mothers, no matter how much professional help was provided.⁴² This meeting turned out to be a turning point in the history of FIOM, as the membership spoke out in favour of the best quality of care for the child and stressed the importance of family ties, including foster families, over “blood ties” or the “natural bond” between a mother and her child.

Adoption, science, and “true” motherliness

From the mid-1950s in the discourse on illegitimacy the moral-religious argument was replaced with a psychiatric one, in which the single mother was no longer represented as a sinner who had to do penance, but as a woman suffering from mental illness. As a psychiatric patient she was entitled to help and advice from professionals: a psychiatrist, a psychologist, a social worker, a clergyman, and a judicial advisor. The pregnant single woman received help in order to be able to make the “right” decision as to the future of her baby. This decision had become more complicated by the introduction of legal adoption. Irrevocable relinquishment of a baby for adoption by parents that were selected and approved by professionals had become a serious option. It even became experts’ preferred option, as growing up in a “normal” family was conceived as in the best interests of the child. Therefore, despite the rhetoric of autonomy and choice, the psychiatric view of pregnant single women meant that practices of being “talked into” relinquishment for adoption, preferably before or immediately after birth, did not stop. They continued despite the fact that the organisations that ran the mother and baby homes and advice bureaus emphasised the right of a woman to make her own choice and the importance of professional support in the process of making the “right” decision.

⁴¹G.D. de Groot-Klaver, *Verslag van het proefonderzoek naar de omstandigheden van 50 ongehuwde moeders en haar kinderen, over wie de moeders zelf de zorg op zich hebben genomen. Ingesteld vanwege de F.I.O.M. van 1 juli 1956 tot 1 juli 1957* (S.l.: s.n., 1959), 30–1.

⁴²B. ter Linden and G.B. Mastenbroek, *Het vraagstuk van de ernstig gestoorde moeder en haar kind. Inleidingen gehouden in de Algemene Vergadering van de F.I.O.M. op 8 November 1955* (’s-Gravenhage: FIOM, 1957); P.G. Prins, “Het vraagstuk van de ernstig gestoorde ongehuwde moeder en haar kind,” *Tijdschrift voor Maatschappelijk Werk* 10, no. 5 (1956): 76–7.

Whatever the analysis of the causes of unwed motherhood, from the mid-1950s advice bureaus and transit homes aimed no longer at penitence but at rehabilitation of the mother and protection of the mother and her child. New care arrangements were staffed with a multidisciplinary team with a psychologist, a social worker, a clergyman, and a judicial advisor, and a social psychiatrist as head of the team. The latter profession also led the centres of study and expertise that developed out of a small number of advice bureaus. Science replaced religion and morals as theoretical foundation, and professionalisation and standardisation of procedures ruled out the last vestiges of amateurism and hidden commercial interests in the chain of care for abandoned children, the way it had done in English-speaking countries in the interwar years.⁴³

The introduction of irrevocable legal adoption made references to science even more authoritative in the discourse on social work with unwed mothers and their babies. Across the West, during the 1950s sociologists like A.C. Kinsey et al. studied the social characteristics of single motherhood. They were confident that their approach was way ahead of the penalising moral-religious view of the past, that used to blame the individual single mother for her “sins”. Instead, they considered single motherhood part of a larger and alarming social problem, extending from increased extramarital sexual activity of both sexes (estimations ran up to 50%) to a rising frequency of “forced marriages”, and a “most dangerous” positive attitude towards abortion. In their analyses sociologists linked these problems to postwar prosperity, as well as to social disruption in general and disruption of the families of the lower classes, in which the majority of the sexually active young people grew up, in particular.⁴⁴ In 1960, a Dutch sociologist reported for example at a FIOM meeting that extramarital sexual activity was widespread among working-class youth, a “danger” that might in the future extend to include bourgeois youth as well.⁴⁵

The psychiatrists in charge of the new care arrangements expanded, likewise, on the “sociopathology” of the single mother. Unlike the sociologists, they did not seek the causes of the problem in society at large but in the woman’s smaller environment, particularly her family of birth.⁴⁶ They were the first experts who did not overlook the biological father, but conceived of him as part of the problem.⁴⁷ According to leading psychiatrists, most of whom were psychoanalysts, the out-of-wedlock pregnancy was a “neurotic symptom” of a woman’s mental illness. Some even called single motherhood itself a “syndrome”.⁴⁸ They emphasised that an unwed mother often came from a broken home or an otherwise dysfunctional or fatherless family and that she herself was more often than not socially dysfunctional as well.⁴⁹ Therefore, the woman’s background had to be investigated by a social worker and taken into consideration by the multidisciplinary team that guided a pregnant woman in the process of making a decision about her child’s future. Part of the woman’s “psychopathology” was that she

⁴³Keating, *A Child for Keeps*; Herman, *Kinship by Design*.

⁴⁴A.C. Kinsey, W.B. Pomeroy, C.E. Martin, and P.H. Gebhard, *Sexual Behavior of the Human Female* (Philadelphia: Saunders, 1953).

⁴⁵J. Godefroy, *Sociologische visie op de buitenechtelijke geboorten in Nederland. Inleiding gehouden in de Algemene Vergadering van de F.I.O.M. op 8 November 1960* ('s-Gravenhage: FIOM, 1961).

⁴⁶Heijmans and Trimbos, *De niet-gehuwde moeder*, 132–41; J.J. van Oenen, “Problematiek rondom het ongehuwde moederschap en de consequenties ervan voor het maatschappelijk werk,” in *In kort bestek. Referaten en artikelen over de ongehuwde moeder en de hulpverlening* (Den Haag: FIOM, 1969), 63–78 (originally published in 1965).

⁴⁷Heijmans and Trimbos, *De niet-gehuwde moeder*, 165–83; Mullink, “Ongehuwde moeders.”

⁴⁸Heijmans and Trimbos, *De niet-gehuwde moeder*, 55–164.

⁴⁹Van Oenen, *Ongehuwde ouders*.

was not capable of making the “right” decision because of a lack of self-reflection and insight into her unconscious motives, psychiatrists agreed. This was why she needed the interdisciplinary team’s professional help.⁵⁰

Referring to the assumed psychopathology of unwed mothers, psychiatrists often used Freudian concepts to speak out in favour of relinquishment for adoption. They argued for example that a single mother had an insufficient capacity to truly love a baby. They were convinced that a single mother often showed what they called “false” love for an “object” instead of a person, which made her either spoil her baby or neglect its most fundamental emotional needs.⁵¹ Inspiration for this point of view was found with research by analytic psychiatrists from the Anglo-Saxon world, like for example F. Clothier and L. Young. These authors pointed to family-born psychopathology, expressed in pregnancy as a spurious solution for inner conflicts, such as feelings of guilt and a longing for self-punishment, or to a dominant or tyrannical parent as cause of a neurotic personality and feelings of revenge.⁵²

The first scientific publications on the infantile need to develop a secure attachment relationship with the mother have consistently stimulated a negative evaluation of infant care in children’s homes. They were said to deprive infants of the satisfaction of this basic and most important emotional need. John Bowlby’s famous report for the World Health Organisation (WHO), *Maternal Care and Mental Health* (1951), which was translated in its abbreviated edition into Dutch in 1955,⁵³ was often referred to in this respect. His statement that for a baby even a bad family was to be preferred to a good children’s home, was rephrased by Dutch psychiatrists to mean that a home could never be good enough, certainly not if legal adoption by a selected and approved married couple was possible.⁵⁴ They interpreted Bowlby’s idea that a permanently available mother during the first few years of a child’s life was a precondition for mental health as an argument that disqualified single mothers who had to earn a living, as caregivers. As breadwinners of an “incomplete” family they were simply not available and, even worse, their “psychopathology” would harm a baby’s healthy development, it was argued. Especially teenagers, whose single motherhood was a clear proof of “neuroticism”, were unfit for sensitive mothering, psychiatrists claimed. Therefore, relinquishment for adoption, preferably after no more than two months, was their preferred option. They even claimed that it was the only option that was in the interests of the child.⁵⁵

⁵⁰Ibid., 55–164; H.F. Heijmans, “Huidige hulpverlening aan de niet-gehuwde moeder,” in *In kort bestek* (1969). *Referaten en artikelen over de ongehuwde moeder en de hulpverlening* (Den Haag: FIOM., 1969), 1–12 (originally published in 1966); C.J.B.J. Trimbos, “Kinderen van ongehuwde moeders,” in *In kort bestek. Referaten en artikelen over de ongehuwde moeder en de hulpverlening* (Den Haag: FIOM., 1969), 50–62 (originally published in 1955); Van Oenen, “Problematiek”; D. Arn. van Krevelen, “Niet bedoeld – niet gewenst – niet aanvaard,” in *In kort bestek. Referaten en artikelen over de ongehuwde moeder en de hulpverlening* (Den Haag: FIOM, 1969), 97–101 (originally published in 1966).

⁵¹Heijmans and Trimbos, *De niet-gehuwde moeder*, 242–53; Van Oenen, *Ongehuwde ouders*; Van Oenen, “Problematiek”; *Ongehuwde ouders*; Van Krevelen, “Niet bedoeld”.

⁵²Heijmans and Trimbos, *De niet-gehuwde moeder*, 103–64; Van Oenen, *Ongehuwde ouders*, 9.

⁵³John Bowlby, *Moederlijke zorg. De invloed van moederlijke zorg op het vermogen om lief te hebben* (Purmerend: Muusses, 1955). Translation and abbreviated version of John Bowlby, *Maternal Care and Mental Health: A Report Prepared on Behalf of the World Health Organization as a Contribution to the United Nations Programme for the Welfare of Homeless Children* (Geneva: WHO, 1951).

⁵⁴Heijmans and Trimbos, *De niet-gehuwde moeder*, 217–30.

While part of FIOM's staff continued to favour the other option, a woman taking care of her child herself, the debate among experts, as well as public opinion, shifted towards the psychiatrists' view. Their negative attitude towards care in a home may, paradoxically, have stimulated FIOM to further improve the quality of care provided in their homes. And, likewise paradoxically, psychiatrists sometimes blamed FIOM for stimulating unorganised adoptions by holding on to time-consuming procedures.⁵⁶ One participant in the debate stands out as particularly influential, the Roman Catholic professor of psychiatry Cees Trimbos. He first tackled the problem in a chapter of a popular book on children at risk in 1955.⁵⁷ Thereupon, he increased his efforts to convince professionals involved with single mothers and their babies of the desirability of relinquishment for adoption, after this was legalised in 1956. He lectured, for example, at a FIOM meeting in 1961⁵⁸ and published an authoritative book in 1964 together with his kindred spirit and colleague psychiatrist H.F. Heijmans, who headed the Roman Catholic bureau for "mother help" in Amsterdam.⁵⁹

Trimbos was a leading figure in the Roman Catholic movement for mental health. Apart from his scientific work and his textbooks he was well known and very popular with the larger public because of his radio talks, in which he attacked traditional Roman Catholic views on issues that had been covered with a taboo for a long time, like birth control and (homo)sexuality. In the dynamic 1960s⁶⁰ these things had to be discussed in the open and dealt with, instead of forbidden, he insisted. A happy marital life, including satisfying sex, contributed greatly to people's mental health, he explained. The negative approach of the old Roman Catholic ideology to essential human faculties, such as sexuality, was unnecessarily sickening people, he warned.⁶¹ These ideas were welcomed as liberating and fitting the age of the television and the upcoming Sexual Revolution, even outside the Roman Catholic community, which included a 40% minority of the Dutch population at the time.⁶²

The psychiatrist Trimbos' key argument against FIOM's "traditional" approach, stimulating the single mother to take care of her baby herself, was that the unwed mother was usually mentally ill and unable to give her child the motherly love and stability that were necessary to become a healthy member of society. The baby itself was proof. According to him, references to "blood ties" were expressions of old-fashioned romanticism. He called the argument of a "natural bond" between a mother and her child an unproven axiom and referred to research into single mothers' and their relatives' frequent psychiatric trouble as proof of his thesis that FIOM's approach was not serving the interests of the child.⁶³ An even more serious problem, he claimed, was

⁵⁵Ibid., 306–38; Trimbos, "Kinderen"; J.J. van Oenen, "Spanningsvelden in de ongehuwde moederzorg," in *In kort bestek. Referaten en artikelen over de ongehuwde moeder en de hulpverlening* (Den Haag: FIOM, 1969), 78–82 (originally published in 1966); Van Oenen, *Ongehuwde ouders*.

⁵⁶Heijmans and Trimbos, *De niet-gehuwde moeder*, 290.

⁵⁷C.J.B.J. Trimbos, *Zorgen-kinderen. Opstellen over kinderbescherming* (Utrecht/Antwerpen: het Spectrum, 1955), 43–59. This booklet was reprinted in 1969 as chapter in the volume *In kort bestek*; Trimbos, "Kinderen".

⁵⁸C.J.B.J. Trimbos, *Problemen rond de afstand. Inleidingen gehouden in de Algemene Vergadering van de FIOM op 15 November 1961* ('s-Gravenhage: FIOM, 1962).

⁵⁹Heijmans and Trimbos, *De niet-gehuwde moeder*.

⁶⁰James C. Kennedy, *Nieuw Babylon in aanbouw. Nederland in de jaren zestig* (Amsterdam: Boom, 1995).

⁶¹Hanneke Westhoff, *Geestelijke bevrijders. Nederlandse katholieken en hun beweging voor geestelijke volksgezondheid in de twintigste eeuw* (Nijmegen: Valkhof Pers, 1996).

⁶²Bakker et al., *Vijf eeuwen*, 286.

⁶³Trimbos, "Kinderen"; Heijmans and Trimbos, *De niet-gehuwde moeder*, 262–342.

the overrepresentation of children living with their unwed mothers among the child guidance clinics' patients: "according to me it is impossible that in such a situation a child develops undisturbed".⁶⁴ The argument that a single mother would learn as a matter of course to give motherly love in the right way simply by doing it, or with some help, was discredited by Trimbos by discriminating – in the spirit of Bowlby's developing attachment theory⁶⁵ – between biological motherhood and affective motherliness. The latter was hard to reach: "The child needs motherliness. It develops only gradually and independently of motherhood. Biological motherhood needs many psychological extras to become true motherliness."⁶⁶

The sexual revolution and the emancipation of the single mother and her child

The first signs of critique of the generalising and pathologising psychiatric perception of unwed motherhood can be noticed from 1966. At a FIOM seminar, representatives spoke out in favour of a more individualising approach, the way social casework tried to find the best solution for every individual client.⁶⁷ It did not take long before a psychiatrist involved with the City of Amsterdam's support bureau for single mothers and their children drew the conclusion that "THE unwed mother does not exist".⁶⁸ These changes were partly inspired by arguments of American sociologists, such as C.E. Vincent, who had criticised the small and selective samples used in psychiatric research into unwed motherhood and adoption in the 1950s. Sociologists suggested a multicausal and multidimensional approach instead of focusing on individual psychopathology. Vincent, for example, had suggested to look for more structural causes, such as the development of the prosperous so-called "fun society" of the 1950s in which out-of-wedlock sex was no longer disapproved of and even made attractive by films and advertisements.⁶⁹

The final blow came in 1969 from a young Dutch sociologist, Herman Milikowski, who denounced the psychiatric explanation of unwed motherhood as sociopathology. According to him the unwed mother's extra problems, compared to those of other single mothers such as widows, were not "chosen" but "caused by a society that creates them". In the journal for professional social workers he warned: "As long as these women are treated separately, one continues the apartheid, that is discrimination, and renders her problems insolvable."⁷⁰ Although scientists continued to publish reports about the superior child-raising quality of "traditional" families,⁷¹ Milikowski's critique

⁶⁴Trimbos, "Kinderen," 57. See also Van Krevelen, "Niet bedoeld." This had already been suggested by E.C.M. Frijling-Schreuder, *Het onvolledige gezin* (Assen: Van Gorcum, 1959).

⁶⁵M.H. van IJzendoorn, *Opvoeding over de grens. Gehechtheid, trauma en veerkracht* (Amsterdam: Boom Academic, 2008).

⁶⁶Trimbos, "Kinderen," 57.

⁶⁷M. Smeets, "Studiedag F.I.O.M.," *Tijdschrift voor Maatschappelijk Werk* 20 (1966): 182–3.

⁶⁸Van Oenen, *Ongehuwde ouders*, 197.

⁶⁹C.E. Vincent, *Unmarried Mothers* (New York: The Free Press of Glencoe, 1960); Heijmans and Trimbos, *De niet-gehuwde moeder*; Van Oenen, *Ongehuwde ouders*.

⁷⁰H.Ph. Milikowski, "Tolereren of accepteren?" *Tijdschrift voor Maatschappelijk Werk* 23 (1969): 492–8.

⁷¹T. Terpstra-Wapenaar, "Literatuur over één-oudergezinnen," *Tijdschrift voor Maatschappijvraagstukken en Welzijnswerk* 27 (1973): 77–9.

marks by and large the beginning of more confidence in single women as educators. This included the recognition that a child was first of all entitled to adequate child-rearing, and not necessarily to two parents.⁷²

At the end of the 1960s the cultural climate in the Netherlands changed profoundly. The Sexual Revolution, exemplified by the hippy slogan “Make love not war”, student activism, and a new feminist movement manifested themselves.⁷³ These forces worked together to make single motherhood acceptable in the larger part of society. Under these conditions FIOM found more support than ever before. In the rapidly secularising society of the 1970s the association between unwed motherhood and sin finally disappeared, except in relatively small religious communities. Single mothers were no longer looked down upon and some even proudly presented themselves as “consciously unwed mothers”.⁷⁴ With the disappearance of the taboo the need to consider relinquishment for adoption disappeared. Birth control, especially the introduction of the Pill, and the availability of medically controlled abortion, moreover, greatly reduced the number of unwanted pregnancies.⁷⁵

As hardly any baby was abandoned from this time, childless married couples who wanted to adopt a baby had to turn to the Third World. To facilitate intercountry adoptions a new network of private organisations was established. Although the number of single mothers increased, the number of those who had to take refuge in a mother and baby home decreased sharply. Thanks to feminist activism day-care provisions for infants multiplied.⁷⁶ From 1965, a single woman who could not find a job or day-care for her child was entitled to social security.⁷⁷ As a consequence, single motherhood lost its problematic character. Since the 1980s, teenagers from ethnic minorities make up the larger part of the clients of the FIOM homes and advice bureaus. The latter spend, moreover, much time and energy on the support of the first generation of adoptees, relinquished in the 1950s and 1960s and now looking for information about their birthmothers.⁷⁸

Conclusion

The “interests of the child” has played an important role in the discourse on illegitimacy and single motherhood in the postwar period in the Netherlands. Traditionally, illegitimate children were placed either in a children’s home or stayed with their “sinful” mother, the latter occurring especially in cases when a young woman could live with and was supported by her parents. From 1930, FIOM stimulated single mothers to take care of their child themselves. However, in the postwar years foster parenting, instead of keeping together mother and baby, was strongly promoted as in the best interests of the illegitimate child. This tendency was reinforced by Bowlby’s negative evaluation of the impact of institutional care of babies on mental health. Soon, the need for secure

⁷²H.F. Heijmans, “Het ongehuwd moeder zijn,” *Tijdschrift voor Maatschappelijk Werk* 25 (1971): 301–7.

⁷³Kennedy, *Nieuw Babylon in aanbouw*.

⁷⁴Bakker et al., *Vijf eeuwen*, 285–9; Vilan van de Loo, *De vrouw beslist. De Tweede Feministische Golf in Nederland* (Wormer: Inmerc, 2005).

⁷⁵Huetting and Neij, *Ongehuwde moederzorg*.

⁷⁶Lily E. van Rijswijk-Clerkx, *Moeders, kinderen en kinderopvang* (Nijmegen: SUN, 1981), 316–84.

⁷⁷Bakker et al., *Vijf eeuwen*, 290–2.

⁷⁸Huetting and Neij, *Ongehuwde moederzorg*, 163–83.

attachment and “true”, sensitive mothering became an argument for the introduction of legal adoption. It was argued that, unlike a childless married couple, a single mother could never provide a secure home environment. Science, especially psychiatry, presented the continuation of the loving care of foster parents into adoptive parenthood as in the interests of the child. Therefore, relinquishment for adoption became professionals’ preferred option after the introduction of legal adoption in 1956. Psychiatry played a key role in the production of arguments in support of relinquishment of babies by their birthmothers and against FIOM’s defence of the “natural” bond between mother and child. They included the birthmothers’ ascribed “sociopathology” and incapacity to become what the child needed most: a “truly” loving mother. Secure attachment in a stable family environment of a married couple was the best guarantee to prevent mental illness, it was argued. Because of “neuroticism”, unmarried women were held to be incapable of providing this. That is why we must conclude that science prevented the emancipation of the single mother and her child, including the liberation from moral-religious stigmata, from proceeding as a linear process. It chose to support adoptive parenthood over biological motherhood. But it did not take long before feminism and the Sexual Revolution brought respectability to single mothers and their children.

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